

675 Walton Avenue Apt 2B
Bronx N.Y.C. N.Y.S. 10451-2567
347 805 3184
CHAPTER 13 BANKRUPTCY
COURT Southern DISTRICT New York
19-11705-cgm

HONORABLE JUDGE MORRIS

I am submitting today to the court the reasons
Both medical and personal why my papers were
not submitted on the due dates in question.

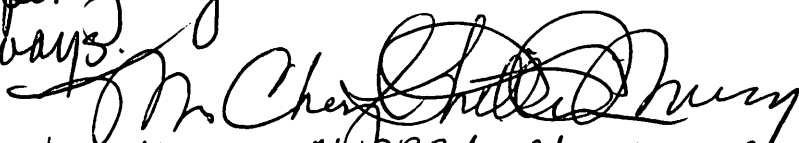
I miss-read and thought they were already
submitted with the chapter 7 documents. I understand
that amended schedules ~~needed~~ to be resubmitted. I
am indigent and have had a difficult time finding
independent lawyers whose fees match what I could
raise money for to retain.

Most important. I have submitted with this letter
documents that explain why I was having so much
difficulty reading clearly what I needed to see.
I am now taking the prescribed medications for
my eyes and can testify that my vision is better
much better. I did not realize that the diagnosis,
prescribed medications and glasses (just ordered) help
to clear up much for me as my life reading about
this bankruptcy and case is all I can do to stay
without becoming homeless and pray for the truth to
the whole case to emerge.

The most DIRE event was that my middle son,
Teraje Williams-Murray was hospitalized that week
in question and a week after.

You see Judge Your Honor, Taraje is a 2x Olympian who plays judo. He represented the United States in 2004 & 2008. There is a term coined POST TRAUMATIC Olympic Syndrome, Taraje was medicated very heavily and our family went through a very tough time to say the least. P.T.O.S. causes some Olympians for some reason stress that sometimes they are no longer with us. This is a fact. Taraje survived. I spent time at the hospital supporting his recovery. I lost my keys & had a difficult time trying to have Taraje's given to me from his personal belongs. I remained out of my home for 3 days trying to secure the set of keys that were locked up with his belongings. I went to my daughter's and unknowingly slept over 22 hours. This case is in two courts. I need to do what is required of me and I have with all that is in me do what needs to be done to keep dates, submit papers and appear in courts as the court orders me to. This is 12 years of my life only trying to stay whole for myself so that others can receive relief when the merits of the cases are revealed and more people families, women seniors will be able to maintain their homes without being made homeless at no fault of their own. Thank You for reading the facts that I have had to take care of during this road block. I appreciate your considerations.

Respectfully
Always.



Ms. Cheryl Williams-Nickerson chap 13, 19/-11705-cgm



New York
Eye and Ear
Infirmary of
Mount
Sinai


New York Eye and Ear Infirmary
of Mount Sinai
310 East 14th Street
New York, NY 10003
T 212-979-4000

9/6/2019

To Whom this May Concern,

Ms. Cheryl Williams was seen today at the New York Eye and Ear Infirmary. She has been evaluated for cataracts of both eyes. Additionally she has dry eye syndrome. She will require additional follow-up for glaucoma at our hospital for additional evaluation. Thank you for your time and many considerations.

Best regards,


Dr. Daniel Wang MD

Daniel Wang, M.D.
NY Lic. No.: 295397
NPI No.: 1871024414

New York Eye & Ear **LIVE**

Patient Letters

Patient Name: WILLIAMS MURRAY, CHERYL
Date of Birth: 02/24/1952
Attending Provider: ENT, SERVICE
Date: 09/10/19 18:48

Medical Record Number: M0715196
Patient Status: Clinical
Account Number: A79371357
Initialization Date: 09/10/19 18:48

To whom it may concern,

Ms. Cheryl Williams Murray was seen in our eye clinic on 9/10/19. Her current vision is 20/20 in the right eye, and 20/50 in the left eye. With spectacle correction her vision is 20/20 in right eye and 20/20 in the left eye.

We are currently treating her for the following diagnoses.

1. Primary open angle glaucoma, both eyes
 - Start latanoprost at bedtime both eyes
 - follow up at NYEEI in 4-6 weeks
2. Hyperopia with presbyopia, both eyes
 - glasses prescription dispensed
3. Dry Eye Syndrome
 - start artificial tears in both eyes

Thank you



Masako Chen, MD
Masako Chen, M.D.
NY Lic. No: 291879
NPI No: 1316309867

PREF NAME: PREF PRONOUN: PATIENT NAME/ADDRESS WILLIAMS MURRAY, CHERYL 675 WALTON AVE APT 2B APT 2B BRONX, NY 10451 PHONE 718-292-7181 EMPLOYER UNEMPLOYED		ACCOUNT NO. [REDACTED]		APPOINTMENT TYPE		LOCATION OEW		MEDICAL RECORD NO. [REDACTED]									
GUARANTOR/ADDRESS WILLIAMS MURRAY, CHERYL 675 WALTON AVE APT 2B BRONX, NY 10451-2565 PHONE 718-292-7181 RELATIONSHIP Patient EMPLOYER UNEMPLOYED FINANCIAL CLASS Q		TYPE REG CLI		DATE OF BIRTH 02/24/1952		AGE 67		SEX F		MAR STAT S		RELIGION U		RACE African-			
		PERSON TO NOTIFY WILLIAMS MURRAY, ZAWADI 675 WALTON AVE APT 2B BRONX, NY 10451 HOME PHONE 718-292-7181 OTHER PHONE NEXT OF KIN/ADDRESS WILLIAMS MURRAY, ZAWADI 675 WALTON AVE APT 2B BRONX, NY 10451 HOME PHONE 718-292-7181 OTHER PHONE										RELATIONSHIP SON					
		INSURANCE NAME FIDELIS MEDICAID										POLICY NUMBER [REDACTED]		COVERAGE NUMBER [REDACTED]		SUBSCRIBER/INSURED NAME WILLIAMS MURRAY, CHER	
ACCIDENT INFORMATION		REASON FOR VISIT															
ACCIDENT DATE/TIME		COMMENTS															
ADMIT DATE/TIME 09/05/19 1510		REFERRING PHYSICIAN NAME/ADDRESS/TELEPHONE						ATTENDING PHYSICIAN OPHTHALMOLOGY, SERVICE						REGISTRAR SSIGNEZ			



Acuerdo financiero del paciente:

Entiendo que mi servicio medico consiste en el honorario de un hospital y del medico que se facturan por separado. Si bien la mayoría de las compañías de seguro cubren ambos honorarios, certifico que soy responsable por el monto total y completo de todos los cargos de hospital y del medico, incluidos los depósitos y copagos, que no están cubiertos por mi plan de seguro.
Si tiene preguntas con respecto a los honorarios del medico, llame al (212) 979-4127.
Autorizo el tratamiento realizado por New York Eye & Ear Infirmary y sus asociados.

Я ПОНИМАЮ, ЧТО ПЛАТА ЗА ОКАЗЫВАЕМЫЕ МНЕ МЕДИЦИНСКИЕ УСЛУГИ СОСТОИТ ИЗ ОПЛАТЫ УСЛУГ БОЛЬНИЦЫ И ГОНОРАРА ВРАЧА ПО ПРЕДЪЯВЛЕНИЮ ОТДЕЛЬНЫХ СЧЕТОВ. НЕВЗИРАЯ НА ТО, ЧТО БОЛЬШИНСТВО СТРАХОВЫХ КОМПАНИЙ ПОКРЫВАЮТ РАСХОДЫ ПО ОБОИМ СЧЕТАМ, Я ПОДТВЕРЖДАЮ, ЧТО НЕСУ ОТВЕТСТВЕННОСТЬ ЗА УПЛАТУ ПОЛНОЙ СУММЫ ПО ВСЕМ СЧЕТАМ — КАК БОЛЬНИЦЫ, ТАК И ВРАЧА, ВКЛЮЧАЯ ДЕПОЗИТЫ И ДОПЛАТЫ, НЕ ПОКРЫВАЕМЫЕ МОИМ СТРАХОВЫМ ПЛАНОМ.
У ВАС ЕСТЬ ВОПРОСЫ, КАСАЮЩИЕСЯ ГОНОРАРА ВАШЕГО ВРАЧА? ПОЗВОНИТЕ ПО ТЕЛ. (212) 979-4127.
Я даю разрешение на лечение в Нью-Йоркской клинике заболеваний органов зрения и слуха (The New York Eye & Ear Infirmary) и ассоциированных медицинских учреждениях.

我理解，我的醫療服務包括分別計帳的醫院和醫生費用。我證實，雖然多數保險公司承擔這兩項費用，但對於我的保險計畫不予承保的任何及所有的醫院、醫生費用的所有和全部金額——包括押金和共付額，一概由我負責支付。

對您的醫生費用有疑問嗎？請撥打(212) 979-4127。

我授權紐約眼耳鼻喉聯合機構(The New York Eye & Ear Infirmary and Associates)進行治療。

PATIENT FINANCIAL AGREEMENT:

I understand that my medical service is comprised of a hospital and a physician fee that is billed separately. Even though most insurance companies cover both bills, I certify that I am responsible for the full and entire amount of any and all hospital physician charges-including deposits and co-payments that are not covered by my insurance plan.
Questions on your physician's fee? Please dial (212) 979-4127.
I authorize treatment by New York Eye & Ear Infirmary and Associates.

Patient / Responsible Party Signature: X _____

Date/Time



19-11705-cgm

Doc 42

Filed 10/23/19

Entered 10/24/19 09:48:56

Main Document

New York
Eye and Ear
Infirmary of
Mount
SinaiNEW YORK EYE AND EAR INFIRMARY
OUTPATIENT FACE SHEET

ADM OUTPTFACESH

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SSN xxx-xx-8497		TYPE REG CLI		DATE OF BIRTH 02/24/1952		AGE 67		SEX F		MAR STAT S		RELIGION U		RACE African-	
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ACCIDENT INFORMATION		REASON FOR VISIT													
ACCIDENT DATE/TIME		COMMENTS													
ADMIT DATE/TIME 09/10/19 1201		REFERRING PHYSICIAN NAME/ADDRESS/TELEPHONE						ATTENDING PHYSICIAN ENT, SERVICE						REGISTRAR JBRYANT	



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I authorize treatment by New York Eye & Ear Infirmary and Associates.

Patient / Responsible Party Signature: X _____

Date/Time _____



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Date July 23, 2019

PERSONAL AND CONFIDENTIAL

Cheryl Williams-Murray
6675 Walton Ave 2B
Bronx, NY 10451

Re:Lincoln Hospital

Dear Cheryl Williams-Murray

This letter is in response to your recent complaint. The Centralized Hospital Intake Program has reviewed the information you provided and has determined we will not be entering this complaint for investigation. We suggest that you reach out to the facility's patient representative. The patient representative should be available to answer your questions, assist with special needs or concerns, and work with you to resolve your issues. To contact the patient representative, please call the facility's main number. If you have reached out to the patient representative, we would encourage you to continue to work with them to resolve your issues.

Thank you for bringing your concerns to our attention.

Sincerely,

Centralized Hospital Intake Program
Division of Hospitals and
Diagnostic & Treatment Centers

Murray, Taraje
DOB: 09 Nov 1984: 34Y/M
MRN 2710531-1



LICNOLN MEDICAL & MENTAL HEALTH CENTER
PROPERTY CLERK'S RECEIPT SLIP
ROOM 1-79

PATIENT NAME: Murray, Taraje
DOB: 09 Nov 1984: 34Y/M
MRN 2710531-1

DATE: 7/14/19

MEDICAL RECORD #:

UNIT: 10C

Received from the Property Office at Lincoln Medical & Mental Health Center, Bronx, New York the return of the following:

Currency: All his property

Other Property:

Name and Relation to Patient: Mother →
Authorization to Pick Up Property given to (Photo ID Required): Ms. Cheryl Williams Murray
Print Name

Witnessed by: D. Raven Zola RN
Name & Title

7/14/19
Date & Time

V. Rozkowski RN
Signature of Supervisor / Head Nurse

7/14/19
Date & Time

X
Signature of Patient / Representative

7/14/19
Date & Time

NOTE: No Property will be released unless original White Property Slip is attached to this form. Photo ID is Required.

NYC
HEALTH+
HOSPITALS

Pg 9 of 9

Lincoln

234 EAST 149th STREET BRONX, N.Y. 10451

Number 86724F

Control Number (P.C.N.) 17335

VALUABLES ENVELOPE

All money and valuables must be listed on this envelope and be delivered sealed to the property clerk's office.

NAME: Murray, Taraje
 ADDRESS: 675 Walton Ave Apt. 2B Bronx, NY 10451
 CHART NUMBER: 2710531 FLOOR: RES/GF-160
 DATE: 07/05/19 TIME: _____
 RING(S): (☐ YM) (☒ WM) CHAIN(S): (☐ YM) (☒ WM)
 COLOR STONE(S): _____
 WATCH(S): (☒ YELLOW METAL) (☐ WHITE METAL) _____
 OTHER(S): (3) metro cards, a set of keys with (1) mini card

MONIES:

Singles	Qty	Amount \$
Two's	Qty	Amount \$
Five's	Qty	Amount \$
Ten's	Qty	Amount \$
Twenties	Qty	Amount \$
Fifties	Qty	Amount \$
Hundreds	Qty	Amount \$

SILVER: _____

CHECKS: _____

MISC: _____

TOTAL: _____

CREDIT CARD(S): _____

I verify that the above is a complete and accurate listing of the contents of this envelope.

SIGNED BY: Unable To Sign

Patient/representative

DATE: 07/05/19CHECKED BY: BGO/PCADATE: 07/05/19POLICEMAN: P.O. ALFA-TOGA

#1291

Shield Number

1. White copy with patient's chart
2. Pink copy to Property Clerk's Office
3. Yellow copy to Hospital Police Operations

Received from Lincoln Medical Center the above listed valuables in good order, which were for safekeeping.

BY: _____ DATE: _____
 Signature and relationship of recipient

WITNESS: _____ TITLE: _____

FORM L602 REV. 2/08

TE: No Property will be released unless original White Property Slip is attached to this form. Photo ID is Required.

Mur
DOB
MRN